PILOT EXPERIENCE SHEET _____ DATE: NAME: (This form must be completed in full) 1. a. MILITARY FLIGHT TIME . TOTAL: ACFT CDR INSTRUCTOR INSTRUMENT TOTAL TYPE ACFT PILOT TIME TIME PILOT TIME TIME F/W MULTI ENGINE F/W SINGLE ENGINE R/W MULTI ENGINE R/W SINGLE ENGINE b. FORMAL MILITARY TRAINING (check appropriate box): FLIGHT SAFETY OFFICER AIRCRAFT MAINTENANCE **OFFICER** 2. CIVIL FLIGHT TIME. TOTAL: TOTAL ACFT CDR INSTRUCTOR INSTRUMENT TYPE ACFT PILOT TIME TIME PILOT TIME TIME F/W MULTI ENGINE F/W SINGLE ENGINE R/W MULTI ENGINE R/W SINGLE ENGINE 3. FAA PILOT RATINGS HELD: _____ SOURCE: _____ 4. DATE COMMISSIONED: 5. DATE OF FIRST FLIGHT, AS AN OFFICER, IN MILITARY AIRCRAFT: 6. FLIGHT TRAINING SOURCE: RW FW вотн PIPELINE: (check appropriate box(es))

_____ TYPE: _____

DATE GRADUATED: ___

7. DATE LAST FLEW MILITARY A/C:

8. DATE LAST FLEW CIVIL A/C: